

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 1 1957

State File No. 31613

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5549 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY Cole admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette, Rural, Richmond 48 hrs		c. CITY OR TOWN Jefferson City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. 3		e. STREET ADDRESS (If rural, give location) ----	

3. NAME OF DECEASED (Type or Print) JOSEPH	a. (First)	b. (Middle) ANDREW	c. (Last) SCHRADER	4. DATE OF DEATH Sept. 23, 1957	(Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 5, 1896	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 7 Days 18	IF UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer		10b. KIND OF BUSINESS OR INDUSTRY City Jefferson	11. BIRTHPLACE (City and State or Foreign Country) Linn, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.		

13a. FATHER'S NAME Joseph Walter Schrader	13b. MOTHER'S MAIDEN NAME Mary Boehmer	14. NAME OF HUSBAND OR WIFE Emma Jacques
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. 489-20-2188	17. INFORMANT'S SIGNATURE OR NAME John J. Schrader ADDRESS Fayette, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 minutes
	ANTECEDENT CAUSES Coronary heart disease		
	DUE TO (b) 2 year?		
DUE TO (c) none		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural	21b. PLACE OF INJURY (Specify or about home, farm, factory, street, office, etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from **Sept 23, 1957**, to **Sept 23, 1957**, that I last saw the deceased alive on **Sept 23, 1957**, and that death occurred at **12:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm J. Shaw, Jr (Degree or title) M.D.	23b. ADDRESS Mid Lee Hospital, Fayette, Mo	23c. DATE SIGNED 9-26-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/24/1957	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kathleen Carr ADDRESS Fayette, Missouri
DATE REC'D BY LOCAL REG. 9/26/57	REGISTRAR'S SIGNATURE Mary K Shell	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 2 1957

OCT 17 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ralph A. Carr*.....

Licensed Embalmer No. *334*.....

P. O. Address *Fayette*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

• If this body is not embalmed, fact should be so stated above.